



**WAIVER OF PRIVILEGE TO HAVE COWORKER WITNESS PRESENT
AT PRE-DEPRIVATION MEETING**

State Form 54118 (11-09)
INDIANA STATE PERSONNEL DEPARTMENT

Name of Employee:	Date of Pre-deprivation Meeting:
Name of Agency/Department:	Name of Section/Division:
Name of Immediate Supervisor:	Location of Pre-deprivation Meeting:
Pre-deprivation Officer:	Time of Pre-deprivation Meeting:

The undersigned employee does hereby waive his/her right to have a coworker present at his/her scheduled pre-deprivation meeting.

Signature of Employee	Date (month, day, year)
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Signature of Witness	Date (month, day, year)
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Comments:
